

CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the **United States Bankruptcy Court of the Western District of Wisconsin** to charge the credit card listed below for payment of fees, costs, fines, and expenses which are incurred by the authorized users listed below. I certify that I am authorized to sign this form on behalf of my law firm.

Cardholder Name:

Signature:

Date:

Names of individuals authorized to use account number listed below (included cardholder name, if authorized user):

Law Firm/Sole Practitioner Name:

Address:

Telephone Number:

Receipts should be mailed to:

Mastercard

Visa

American Express

Discover

Account Number:

Exp. Date:

Mail the original of this form to Clerk, U.S. Bankruptcy Court, **Personal and Confidential**, 120 North Henry Street, P.O. Box 548, Madison, Wisconsin 53701-0548. The original of this form will be maintained in a secured location.

This form will be kept on file and remain in effect until specifically revoked in writing. It is the responsibility of the law firm named above to submit a new form and notify the Court, in writing, of any changes to authorized users, new expiration date when the card has been renewed, change of information (e.g. card had been revoked, canceled or stolen,) or a change in address or phone number.